



METAL-TECH PARTNERS
2103 R STREET
P.O. BOX 368
GENEVA, NEBRASKA 68361

TEL. (402) 759-7000
FAX (402) 759-7001
Web Site: www.mtpartners.com
E-mail: mtp@mtpartners.com

APPLICATION FOR CREDIT WITH METAL-TECH, PARTNERS

Legal Company Name _____

D.B.A. _____

Billing Address _____

Shipping Address _____

City, State, Zip _____

Phone Number (s) _____ Fax Number _____

Federal Tax ID# _____
Sales Tax Exempt _____ State _____
(Please Enclose Exemption Certificate)

_____ Individual _____ Partnership _____ Corporation
If Corporation-State Inc. _____
Subsidiary _____ Yes _____ No

Owner (s) / Major Stockholder (s) / Parent Company
Name (s), Home Address, And Phone Number

Authorized Purchasing Agent _____
Accounts Payable / Controller _____

The applicant's signature attests financial responsibility, ability and willingness to pay our invoices in accordance with agreed upon terms. Unless otherwise agreed upon in advance, terms are net 30. It is understood discounts will not be allowed for any account with past due invoices. I agree that Fillmore County, Nebraska shall be the county where venue most properly lies. If any action is brought for collection, damages or any other relief, all costs associated with the collection process will be paid by the applicant, and that such action must be brought in Fillmore County, NE.

Company Name _____

Signature _____ Title _____

Printed Name _____ Date _____

PLEASE COMPLETE REVERSE SIDE

APPLICATION FOR CREDIT WITH METAL-TECH, PARTNERS

Please return with this application any financial information which would assist us in considering your application. Any information provided will be held in the strictest confidence and be used only for our credit granting purposes.

PLEASE COMPLETE IN FULL:

BANK REFERNECE

Name _____
Address _____
City, State, Zip _____
Phone Number _____ Contact _____
Fax # _____

TRADE REFERENCES

Name _____
Address _____
City, State, Zip _____
Phone Number _____ Contact _____
Fax # _____

Name _____
Address _____
City, State, Zip _____
Phone Number _____ Contact _____
Fax # _____

Name _____
Address _____
City, State, Zip _____
Phone Number _____ Contact _____
Fax # _____

The above information, as well as that given on the reverse side is for the purpose of obtaining credit and is warranted to be true. I/We hereby authorize the firm to whom this application is made in investigate the reference listed pertaining to my/our credit and financial responsibility.

Company Name _____

Signature _____

Printed Name _____ Title _____